MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)	09/051013	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 3rd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1		1				51						
2		1					52						1
3							53						
4		1		1			54						
5							55						
6							56						
7		1		1			57						
8		1					58						
9							59						
10							60						
11		1					61						
12		1					62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20		1		1			70						
21							71						
22							72						
23							73						
24							74						
25				1			75						
26							76						
27							77						
28		1					78						
29							79						
30							80						
31							81						
32							82						
33		1					83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44				1			94						
45							95						
46		1		1			96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.	16		22				TOTAL DEP.						
TOTAL CLAIMS	20		23				TOTAL CLAIMS						

PTO-1360 (2-78) *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS